

3445

CARLISLE INDIAN INDUSTRIAL SCHOOL
DESCRIPTIVE AND HISTORICAL RECORD OF STUDENT

NUMBER 6051.	ENGLISH NAME Glyde Red Eagle	AGENCY Rosebud, S. D.	NATION Sioux	
BAND	INDIAN NAME	HOME ADDRESS Crown Tree Fire, Rosebud, S. D.		
PARENTS LIVING OR DEAD	BLOOD F	AGE 23	HEIGHT 5-9	WEIGHT 157
FATHER, L	MOTHER, L	FORCED INSP. 37 ²	FORCED EPXR. 34 ²	SEX. M.
ARRIVED AT SCHOOL Dec. 25, 1909.	FOR WHAT PERIOD Five Years.	DATE DISCHARGED Feb. 8, 1911	CAUSE OF DISCHARGE Deserter	
TO COUNTRY	PATRONS NAME AND ADDRESS			FROM COUNTRY
4-6-'10	W. S. Haines, Robbinsville, N. J.			8-31-'10
9-8-'10	Jesse B. Webster, Hulmeville, Pa.			10-1-'10
10-20-'10	On from country running			1-3-'11

THE SHAW-WALKER CO., MUSKIEG. 79104

Months in school before Carlisle, 96

St. Frances '13-'14 Ran 3rd gr.

Grade entered at Carlisle, 3rd

Grade at date of Discharge,

Trade or Industry,

Through Catholic

Miles to sch. 9

2-9-10 Lethr Ed. Ad.

3445

BRIEF.

Application of

Clyde Red Eagle

FOR THE ENROLLMENT OF

IN THE INDIAN SCHOOL AT

Carlisle, Pennsylvania

POST OFFICE ADDRESS OF APPLICANT:

Rosebud S. Dakota

Date of enrollment, *Dec. 30*, 190*9*

Term of enrollment, *Five* (*5*) years

Application for Enrollment in a Nonreservation School.

(For a child not enrolled at an Agency.)

For and in consideration of the United States assuming the care, education, and maintenance in the United States Indian School at Carlisle, Pa., of Clyde Red Eagle, M, I, Owens, The Trust, (Name of child.) (Sex.) (guardian, or next of kin.) of Rosebud P. O., State of S. Dak, do hereby voluntarily consent and agree to this enrollment in said school for a period of five years, and also obligate and bind myself to abide by all the rules and regulations for Indian schools. (Not less than 3.)

I further say that the said child was born at Pine Ridge, S.D. on Apr. 1, 1886 (Date.) that the father, Thomas Red Eagle, a full Indian of the Sioux (Name of father.) (Is or was.) (Degree.) Tribe located at Upper cut meat, S.D. Agency; that he left the tribe about Have no idea. (Approximate date.) that the mother, Mrs Thomas Red Eagle, a full Indian of the Sioux (Name.) (Is or was.) (Degree.) Tribe located at Upper cut meat, S.D. Agency, and left the tribe about Have no idea; (Approximate date.) that the said child was born and reared in the United States, and now actually resides therein; and that he has attended the following schools:

NAME OF SCHOOL—PUBLIC, GOVERNMENT, OR MISSION.	LOCATED AT—	DATE OF ENROLLMENT.	DATE OF DISCHARGE.	CAUSE OF DISCHARGE.	GRADE.
<u>St Frances</u>	<u>Rosebud, S.D.</u>	<u>1903</u>	<u>1904</u>	<u>Ran away</u>	<u>3rd.</u>

This Dec. 30 day of December, 1909
Two witnesses:

Harvey X. Meyer P. O.,
(NOTE.—Every blank in this application must be properly filled out by the applicant, in his own handwriting, if possible. The signature, whether by mark or otherwise, must be attested by two witnesses.)
Clyde Red Eagle
(Parent, guardian, or next of kin.)

AFFIDAVIT.

I, _____, do hereby swear that the statements made in the above application are true.

(Signature of applicant.)

(Parent, guardian, or next of kin.)

Sworn to and subscribed before me this _____ day of _____, 190

(NOTE.—This application and affidavit must be executed before some officer authorized to administer oaths by the parent with whom the child is living; if the parents are dead, by the guardian or next of kin.)



Certificate of Physician.

I, _____, a practicing physician of _____
_____, do hereby certify that I have carefully examined _____,
the child named in this application, and find that _____ is in proper physical condition to attend
school, and is not afflicted with tuberculosis or other disease which would be a menace to the health
of other pupils.

This _____ day of _____, 190_____, M. D.

Vouchers of Disinterested Persons.

VOUCHER No. 1.

I, _____, a _____, of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with
_____ who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with _____; that
(Name of Child.)
he is known and recognized in the community in which he lives as an Indian; that in my opinion
he can not receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 190_____

VOUCHER No. 2.

I, _____, a _____, of _____
(Business, calling, or profession.)
_____, do hereby certify that I am personally acquainted with
_____, who makes the foregoing application; that I believe his state-
ments therein are true; that I am acquainted with _____; that
(Name of child.)
he is known and recognized in the community in which he lives as an Indian; and that in my opinion
he cannot receive proper and adequate schooling at home for the reason that _____

This _____ day of _____, 190_____



Certificate of School Physician.

I hereby certify that on _____, I made a careful examination
(As soon after arrival as possible.)
of the physical condition of _____, the child named in the fore-
going application, and found _____ to be _____

I therefore recommend that the said child be _____ enrolled in this school.

This _____ day of _____, 190_____

School Physician.

INDORSEMENT.

A child showing one-sixteenth or less Indian blood, whose parents live on an Indian reservation, Indian fashion, who, if debarred from the Government schools, could not obtain an education, may be permitted in the reservation day and boarding schools, but it is preferable that it be not transferred to a nonreservation school, without permission from the Office. Children showing one-eighth or less Indian blood, whose parents do not live on an Indian reservation, whose home is among white people where there are churches and schools, who are presumed to have adopted the white man's manners and customs, and are to all intents and purposes white people, are debarred from enrollment in the Government nonreservation and reservation schools. Superintendents, in all cases where doubt exists as to the degree of Indian blood of a child proposed for transfer, should fully satisfy themselves of the facts by affidavits from reliable persons, which affidavits must be kept on file at the school.

A pupil who has been regularly enrolled in a nonreservation school must not be taken to any other non-reservation school without the consent of both Superintendents and the Commissioner of Indian Affairs, and Superintendents will be held to strict accountability for such pupils taken to their schools.

A pupil dismissed from school for cause must not be enrolled in any other school without the permission of the Commissioner of Indian Affairs. Full facts must be submitted with each request.

PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

3445

NAME OF PUPIL Red Eagle, Clyde DATE 12/28 1909.

AGE 23 YEARS ☒ NEW ☐ RETURNED STUDENT. TRIBE Sims STATE S. Dak.

DEGREE OF INDIAN BLOOD Full

INSPECTION Good development.

PALPATION Normal

PERCUSSION Normal

AUSCULTATION { RESONANCE Normal

RESP. MURMUR normal except expiration prolonged on one side

HEART SOUNDS normal

MENSURATION { INSP. 37 1/2

EXP. 34 1/2 RESPIRATION 18 PULSE 80

TEMPERATURE 98 degs. HEIGHT 5 FT. 9 IN. WEIGHT 157 LBS.

VISION 10/10 VACCINATION Good scar '05.

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>Good</u>		
MOTHER	<u>yes</u>	<u>Good</u>		
BROTHERS {	<u>1</u>	<u>Good</u>		
SISTERS {	<u>4</u>	<u>Good</u>		

PERSONAL HISTORY:

Always in good health.

REMARKS:

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATES:	CONDITION:
Jan. 26-1910	Good

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PHYSICAL RECORD,

CARLISLE INDIAN SCHOOL.

NAME OF PUPIL Red Eagle Clyde DATE Mar 24 1910AGED 23 YEARS { NEW { STUDENT. TRIBE Siou STATE S. Dak.DEGREE OF INDIAN BLOOD + neeINSPECTION Fair developmentPALPATION normalPERCUSSION normalAUSCULTATION { RESONANCE normal{ RESP. MURMUR normalHEART SOUNDS normalMENSURATION { INSP. 37{ EXP. 34RESPIRATION 20 PULSE 96TEMPERATURE 99.4 degs. HEIGHT 5 FT. 8 3/4 IN. WEIGHT 153 LBS.VISION 10/10 VACCINATION

FAMILY HISTORY:

	Living.	Condition of Health.	Dead.	Cause of death.
FATHER	<u>yes</u>	<u>good</u>		
MOTHER	<u>yes</u>	<u>good</u>		
BROTHERS {	<u>1</u>	<u>good</u>		
SISTERS {	<u>4</u>	<u>good</u>		

PERSONAL HISTORY:

REMARKS: Has a cough and has lost four pounds in weight but there are no physical signs of Tuberculosis

(over)

HOSPITAL RECORD.....

EXAMINATION FOR OUTING:

DATE:

Mich. 24-1910

CONDITION:

Fairly good

TRADE RECORD, CARLISLE.

Jan. 1, 1910 to June 30, 1910.

PUPIL

Olyde Red Eagle

TRADE

Harness Maker

ABILITY

Medium

CONDUCT

Good

REMARKS

INSTRUCTOR

M. J. Zeigler

3445

NAME _____

TRIBE.

PARENT OR GUARDIAN.

DATE ENROLLED.

TERM.

AGE.

HOME ADDRESS

DATE OF RECORD

ACADEMIC DEPARTMENT.

INDUSTRIAL DEPARTMENT.

DORMITORY.

OUTING

SPECIAL REMARKS.

ROOM
NO.

Scholarship

Conduct.

Shop. /

Ability.

Conduct.

Room
No.

Neatness

Conduct.

Ability.

Conduct

June '10
July '10

3

Yard

Good

4

2. 21

125

4

ve

July '10

3

Ma

Good
by

14900

3.

eg.

५५३

10

U. V.

24d

2. How

761

Home Address *Owens The Fire. Rosebud, S.D.* Tribe *Sioux.*

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL OR AVERAGE
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Days in School

Conduct

Ability

Health

Earnings

July Aug. Sept. Oct. Nov. Dec Jan. Feb. Mar. Apr. May June

	16	14
2	5	4
7	7	7
4	4	4
15		

OUTING RECORD - CARLISLE INDUSTRIAL SCHOOL

Clyde Red Eagle

PRESENT NAME

Red Eagle, Clyde A. 3445 Ex-stu.
Correspondence 2889
Patton's file - W. S. Haines. 3997
Mgr. The Hotel Wesch (board bill) 5059
Agents file 903